

New Hampshire Department of Transportation
RESEARCH PROJECT SUGGESTION FORM

PROBLEM TITLE: _____

For Materials & Research Use Only

Problem Statement #: _____

Date Received: _____

PROBLEM STATEMENT (Attach additional information if necessary):

SPECIFIC RESULTS, FINDINGS, OR PRODUCTS EXPECTED FROM THE STUDY: _____

BENEFITS (Check all that apply)				NEEDED TO IMPLEMENT RESULTS (Check all that apply)				
	Design	Construction	Operations & Maintenance		NHDOT	Contractors	Consultants	Public
Reduction in Costs				Education & Training				
Improvement in Quality				Equipment ____ New ____ Modified				
Increase in Life				Change in Procedure				
Increase in Safety				Change in Specification				
Other: _____ _____				Initial Cost Increase				

DATE RESULTS NEEDED: _____ ENDORSED BY (Required for suggestions submitted by non-NHDOT personnel): _____
ESTIMATED COST (If known): _____ NHDOT RAC Member

SUGGESTED ASSIGNMENT: ☐ NHDOT (In-house) ☐ NHDOT (Contract) _____
☐ Regional (NETC) ☐ National (NCHRP) ☐ NCHRP Synthesis Program ☐ Other _____

SUBMITTED BY:
Name: _____ Bureau/District/Organization: _____ Phone: _____

Submit to: Research Engineer, NHDOT Bureau of Materials & Research, PO Box 483, Concord, NH 03302-0483
Fax: (603) 271-8700 Email: groberts@dot.state.nh.us

Notice: Research suggestion forms submitted to the Department are considered public property. The Department does not guarantee nor imply that the submitter will receive a contract for work resulting from any submitted research idea.